	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILL	LTIPLE CONSTRUCTION DING	(X3) DATE SU COMPLET	RVEY TED
		09G177	B. WING	S	12/04	C //2007
	ROVIDER OR SUPPLIER WASHINGTON			STREET ADDRESS, CITY, STATE. ZIP CO 249 11TH STREET, SE WASHINGTON, DC 20019		
X4) ID PRÉFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
W 000	INITIAL COMMEN	тѕ	W 0	00		
(W 192)	on 12/4/2007 to verdeficiencies cited the follow-up inversional interviews and reconstructions and the state agency the necessary medeficiencies cited and Management it should be noted have standard lever a sta	ings, a determination was made by that the provider implemented assures required to abate the in the areas of Governing Body, and Health Care Services. If that the facility continued to well deficiences. AFF TRAINING PROGRAM the work with clients, training ills and competencies directed waith needs. It is not met as evidenced by: The work with clients and the facility that each employee had been equate training that enables the room his or her duties effectively, impetently.	{vv 1	The staff (QMRP) was trained and symptoms of illness, medi notification, infection control, management policy. 12-09-07 In the future the agency will enew house employees receive	cal emergency and incident nsure that all	
	The facility's pla November 26, 2 been trained in t	Retardation Professional had evidenced below: n of correction submitted 007 indicated that each staff had the areas of medical emergency and symptoms of illness, medical		that will ensure the health and well-being of the the resident Refer to attachment #1	١	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G177	A. BUII B. WIN	DING	LÉ CONSTRUCTION	1	URVEY ETED R-C
	OVIDER OR SUPPLIER WASHINGTON			24	ET ADDRESS, CITY. STATE, ZIP CODE 9 11TH STREET, SE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	UILD BE	COMPLETION DATE
(W 331)	agency's policy and interview with the Professional (QN approximately 9: newly hired to the trained in the afoin-service training had not been trained 483.460(c) NUR	ements and amendments to the nd procedures. Qualified Mental Retardation (RP) on December 4, 2007 at 55 AM, revealed that he was a facility and had not been rementioned. Review of the granual verified that the QMRP	{W 1		Refer to W 192 P.1		12-09-07
W 365	This STANDARI Based on staff ir facility failed to p accordance with in this facility. (C The findings inc [Cross reference staff falled to mandinistration in policy. 483.460(j)(4) DI An individual memust be maintal This STANDAR Based on observeviews, the fac maintain a systematical	•		/ 365	Refer to W 365 P. 3		12-04-07

PRINTED: 12/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING R-C B. WING 09G177 12/04/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE R C M OF WASHINGTON WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY W 365 Continued From page 2 W 365 for one of the client's residing in the facility. (Client #2) The finding includes: The facility failed to ensure an effective system for documenting Client medication administration as evidence by the following: Observation of the medication closet revealed that on December 4, 2007 at approximately 9:45 AM Client #2 had a bubble pack in a storage bin and had a zip lock bag that contained additional bubble packs of the client's medications. Further observation of the bubble pack revealed its contents to be the client noon dosage of The Designed nurse was trained by the Director Buspirone 10 mg prescribed for anxiety. Of Nursina. 10-04-07 The training was to ensure that the individual's medication records correspond with the interview with the designated nurse revealed that administration of the medication ordered. Client #2 was recently discharged from his day Further more the designated nurse will be program for exhibiting maladaptive behavior of a required to submit a weekly audit of the violent nature. Further interview with the nurse medications and MAR to the DON. Additionally, revealed that the client was administered his he DON will monitor the MARS and medications noon time dosage of medication at the facility monthly to prevent the reoccurence of the since his discharge. Review of the bubble pack medication errors. revealed that the dosages for November 28th, Refer to Attachment # 2 29th and 30th remained in the bubble packs unused. In the future the nursing department will ensure that the nurses document the medications as Review of Client #2's Medication Administration pelled on the physician orders. Record (MAR) revealed that the designated nurse had signed the MAR on those days that the medication as being administered to the client.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 09G177		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SU COMPLE R-1 12/04	LED
NAME OF PR	DVIDER OR SUPPLIER				TATE, ZIP CODE		
RCMOF	Washington		249 11TH 8 WASHINGT	TREET, SE TON, DC 20	: 019		1
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!	on 12/4/2007 to verdeficiencies cited of the follow-up investinterviews and recommend on the finding the state agencian plemented the recommendation of the state agencian plemented the stat	p investigation was carify compliance with on 10/18/07. The financial figure in the first provider in the local care cited care cited in the local care cited care c	dings of on was made required to			2001 DEC 21 P 3: 44	DEPARTMENT OF HE ALTH
l 220	3510.1 STAFF TE	RAINING		1220			
	working with indiv shall be required	who has no previous or viduals with mental re to successfully comp g appropriate to the one one GHMRP.	tardation lete		·		
	Based on staff in Group Home for falled to ensure to	ot met as evidenced terview and record re Mental Retardation (that new staff receive and well-being of its	eview, the GHMRP) d training to		The staff (QMRP) was traine and symptoms of illness, med notification, infection control, management policy. In the future the agency will expenses the staff of the staff o	ical emergency and incident ensure that all	12-09-07
	The finding inclu	des:	•		new house employees receive that will ensure the health and	i –	
	See Federal Def	iciency W192			well-being of the the resident	S.	1
1 474	3522.5 MEDICA	TIONS		1474	Refer to attachment #1		
		hall maintain an Indiv inistration record for o					
	Based on obsert review, the GHM	not met as evidenced vation, interview and MRP's nursing staff fa	record				
N	ulation Administration	CHOCK SUPPLIER REPRE	$\eta_{\mathbf{p}}$		TITLE	1	(XIS) DATE
STATE FO		CVIDER/SUPPLIER REPRE	SENTATIVE'S SI	GNATURE	Evalua (1)	veten	12-20 =

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 09G177	/BER:	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R-C 12/04/2007
	ROVIDER OR SUPPLIER	1	STREET ADDR		TATE, ZIP CODE	
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1 474	Continued From pa	age 1		1 474		
	ensure medication without documenta	administration record	is were		•	
	The finding Include	ss:				
	Refer to Federal D	eficiency Report W3	65		Refer to W 365 P. 3	12-04-07
[].						
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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	11/08/2007 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	URVEY
		09 G 177	B. WING	3	1	k-C 8/2007
	ROVIDER OR SUPPLIER WASHINGTON		;	STREET ADDRESS, CITY, STATE, ZIP CO 249 11TH STREET, SE WASHINGTON, DC 20019	DE.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	SHOULD BE	(X5) COMPLETION DATE
w 000	INITIAL COMMENT	s	W 0	00		
 W 102	on 9/9/2007 was co- information present staff interviews and the facility's present resulting findings re- enact the necessary the deficiencies cite Body and Managery 483.410 GOVERNI MANAGEMENT The facility must en		W 10	02	2007 NOV 27 P 12: 33	DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION
W 104	Based on staff Interfacility 's governing policies and proced implemented change. The finding includes. This lack of oversig to question the effethat was presented practices that were W318. [Reference 483.410(a)(1) GOV. The governing body.	ht by the governing body calls ctiveness plan of correction to manage the deficient cited at the condition level in W104]	W 11	The nursing policy was revised to disposal of the medications, and review. The nurses were trained on this rand in nursing best practices. Refer to attachment #1. In the future tha governing body all of the revised policies are filed book in the facility, and available	pharmacy 1 new policy, will ensure that in the policy	1-09-07 11-13-07
ABORATOR	OURECTORISON PRODUCT	ERISUPPLIER REPRESENTATIVE'S SIGN	IATURE	/ TITLE	. } -7	(XB) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

PRINTED: 11/08/2007

_		& MEDICAID SERVICES				OMB NO.	1998-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLET	RVEY red
		09G177	B. WI	NG _)/2007
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
RCMOF	WASHINGTON			1	49 11TH STREET, SE VASHINGTON, DC 20019		
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W 104	Based on staff interfacility 's governing policies and proced implemented change. The finding include The finding include The facility 's newl (DoN)/Registered to 10/18/2007 at 12:1 she met with the fathe needs and service to ensure the nursing practices, she and the Director procedures to gove There was no evide the time of survey policies and proced DoN later stated the Director to see the this outstanding recontinues to remain regards to the creater the continues to the creater the	s not met as evidenced by: rview and record review, the g body failed to enact new fures to ensure the ges in nursing practice.	w	104	The nursing policy was revised to incl disposal of the medications and pharr The nurses were trained on this new and in nursing best practices. Refer to attachment #1. In the future tha governing body will all of the revised policies are filed in t book in the facility, and available upo	policy, ensure that he policy	11-09-07 11-13-07
W 149	to question the effethat was presented practices that were W331. 483.420(d)(1) STA CLIENTS	ght by the governing body calls ectiveness plan of correction is to manage the deficient ecited at the standard level in	w	149			
	policies and proce	evelop and implement written dures that prohibit lect or abuse of the client,					

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES MEDICAID SERVICES			,	FORM): 11/08/2007 APPROVED - 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	SURVEY ETED
		09G177	B. WI	NG_	 		R-C 18/2007
	PROVIDER OR SUPPLIER F WASHINGTON			:	REET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE WASHINGTON, DC 20019	14/1	10/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREP TAG	'IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 149	Continued From pa	ge 2	W	145			
W 159	Based on staff inter facility falled to ensuin plementation of pensure client safety. The finding includes The facility 's newly (DoN)/Registered N 10/18/2007 at 1:28pthe medication error the creation of new governed the "moniturses. Despite the that were presented there was no evidentime of survey to suit created new policies the "monitoring" requireses. [Reference 483.430(a) QUALIFI RETARDATION PR Each client's active to integrated, coordinate qualified mental retained me	r assigned Director of Nursing Jurse (RN) was interviewed on orn and it was revealed that re were to be addressed via policies and procedures that itoring requirements for its a various types of trainings at the time of the revisit, ace presented or on file at the estantiate that the facility had and procedures to govern uirements/practices of its W104] IED MENTAL OFESSIONAL Treatment program must be ted and monitored by a trdation professional. Inot met as evidenced by: riew and record review, the ardation Professional sure the training, creation and the policies and procedures by sursing practices.	W 1	59	Currently the agency has a policy that the designated nurses to monitor the ir medications and MARs on a weekly bas accountability. The Designated nurse will monitor the nurses monthly during the medication The RN supervisor will conduct quarter monitoring of the medication nurses to accountability and tracking of the med The nurses were inserviced on this police. In the future the agency will ensure the Designated nurses and the DON monitor individuals' medications, and medication pass as spelled on the nursing policy.	ndividuals' sis to ensure medication pass. ly o ensure ications. cy.	
Ì	The finding includes:						

PRINTED: 11/08/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING R-C B. WING 09G177 10/18/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE R C M OF WASHINGTON WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY W 159 Continued From page 3 W 159 The facility's Qualified Mental Retardation Currently the agency has a policy that requires Professional (QMRP) failed to manage the the designated nurses to monitor the individuals' coordination of services that were necessary to medications and MAR on a weekly basis to ensure ensure the creation of new policies and accountability. procedures for its nursing staff. These policies The Designated nurse will monitor the medication nurses monthly during the medication pass. and procedures were to be created to ensure the The RN supervisor will conduct quarterly implementation of an effective nursing system of monitoring of the medication nurses to ensure monitoring and ensuring client safety. accountability and tracking of the medications. 11-13-07 The nurses were inserviced on this policy. The facility 's Qualified Mental Retardation Refer to attachment #1. Professional (QMRP) also failed to ensure that In the future the facility Qmrp will ensure that the nursing staff was effectively trained on the the Designated nurses and the DON monitor the new policies and procedures as reflected in the the individuals' medications, and medication plan of correction presented for the deficient pass as spelled on the nursing policy. practices that were cited at the condition level in W318 and at the standard level in W322, W331. W362, W368, W369, W381, and W382 respectively. W 192 W 192 483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to effectively train staff to implementation its policies and procedures of notification of medical personnel for one of the 11-09-07 A medical emergency protocol was revised. clients residing in the facility. [Client #1] and the protocol is posted in the facility. refer to attachment #2 The staff was retrained on signs and symptoms The finding includes: 11-13-07

The facility was previously cited for not ensuring

medical professionals of a client's health related

problems. The facility's newly assigned Director

that its direct care staff was trained on the

effective method of notifying the appropriate

Refer to attachment #3

health related problems.

In the future the facility will ensure that the staff

appropriate medical professionals of the individuals'

follow the appropriate method in notifying the

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTED	: 11/08/2007
CENT	RS FOR MEDICARE	& MEDICAID SERVICES				FORM OMB NO	APPROVED <u>. 0938-039</u> 1
STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A A BU		IPLE CONSTRUCTION	(X3) DATE S COMPLI	URVEY
)		09 G 177	B. WI	NG_		F	R-C
NAME OF	PROVIDER OR SUPPLIER			T		10/1	8/2007
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W 192	of Nursing (DoN)/Reinterviewed on 10/18 revealed that the "raddressed via the crocedures. There presented at the timithat the facility enaction procedures to mana appropriate medical related health proble 483.460 HEALTH CA	egistered Nurse (RN) was 8/2007 at 1:10pm and it was notification " errors were to be reation of new policies and was no evidence on file or e of survey to substantiate ted new policies and ge how staff are to notify the professional of a client 's im. ARE SERVICES	w s		A medical emergency protocol was revand the protocol is posted in the facility refer to attachment #2 The staff was retrained on signs and sy of illness. Refer to attachment #3 In the future the facility will ensure tha follow the appropriate method of notify appropriate medical professionals of the related health problems.	y. ymptoms t the staff	11-09-07 11-13-07
W 331	The facility falled to it structure to ensure it Health Care Services deficiencies cited that Based on Interviews, facility failed to estab to ensure the provision and Identify services services were provide needs [See W331]; a client's medication repharmacist quarterly. The results of these sithe programmatic faile system to ensure a condelivery of health care 483.460(c) NURSING	and record reviewed, the lish the necessary systems on of health care monitoring that would ensure nursing ed in accordance with clients and failed to ensure that each gimen was reviewed by the [See W362]. Systemic practices results in ure of the facility 's support onsistent and effective eservices.	W 33	II p	As per agency policy, the pharmacy rev completed on a quarterly basis. n the future, the agency will ensure tha harmacy review is completed as schedi	it the	
	The facility must prov	ide clients with nursing				1	

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 11/08/2007 I APPROVED), 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE S	BURVEY
		09G177	B. WI	NĢ			₹-C
NAME OF F	ROVIDER OR SUPPLIER			- C	TREET ADDRESS, CITY, STATE, ZIP CODE	10/1	8/2007
RCMO	F WASHINGTON			ľ	249 11TH STREET, SE WASHINGTON, DC 20019		i
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREF TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D AF	(X5) COMPLETION DATE
W 331		ge 5 nce with their needs.	w:	33	1		
	Based on staff interfacility failed to provaccordance with the in this facility. [Clier The finding includes The facility's newly (DoN)/Registered N 10/18/2007 at 1:28p the documentation evia the creation of not that governed the "its nurses. The facility regimen. There was presented at the time that facility's nursh new policy and procedumentation and it prescribed treatmen 483,460(j)(1) DRUG A pharmacist with inteam must review that least quarterly. This STANDARD is Based on staff interviacility falled to ensure medication regimen.	assigned Director of Nursing urse (RN) was interviewed on m and it was revealed that errors were to be addressed ew policies and procedures monitoring "requirements for ity was previously cited for 's prescribed treatment is no evidence on file or e of survey to substantiate gratification to manage the proper follow-up of a client's tregimen. REGIMEN REVIEW put from the interdisciplinary e drug regimen of each client in the months of the four clients	W 3	362	Currently the agency has a policy that the designated nurses to monitor the imedications and MARs on a weekly ba accountability. The Designated nurse will monitor the monthly during medication pass. The RN supervisor will conduct quarter monitoring of the medication nurses to accountability and tracking of the medication this policy are inserviced on this policy and re-inserviced on 10-16-00 documentation by the staff of Georgetiand re-inserviced by the agency direct nursing. In the future the agency will ensure the Designated nurses and the DON monitoring the individuals' medications, and medications as spelled on the nursing policy, at the nurses document and follow-up or individuals' prescribed treatment. The nursing policy was revised to inclure policy on pharmacy review As per agency policy, the pharmacy review as per agency policy, the pharmacy review as completed as scheduler. In the future, the agency will ensure the pharmacy review is completed as scheduler.	ndividuals' sis to ensur e medication ly o ensure dications. icy. Of on prope own hospita or of at the tor cation and that a the	11-13-07
	residing in the facility	Client #1]		,	In the future, the agency will ensure th	at the Juled.	

Facility 10: 09G177

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/08/2007 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	JRVEY TED
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NAME OF P	ROVIDER OR SUPPLIER		<u></u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	10/10	0/200/
RCMO	WASHINGTON		_] :	249 11TH STREET, SE WASHINGTON, DC 20019	٠	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
W 362	(DoN)/Registered N 10/18/2007 at 2:40p the documentation of n via the creation of n that governed the " requirements for its previously cited for pharmacological rev no evidence on file of survey to substantial had been trained on to manage the prop	r assigned Director of Nursing urse (RN) was interviewed on orm and it was revealed that errors were to be addressed ew policies and procedures coordination of service "nurses. The facility was not coordinating riews for Client #1. There was or presented at the time of the that facility 's nursing staff a new policy and procedure er coordination of services to entation of a client 's	W:	362	Currently the agency has a policy that the designated nurses to monitor the imedications and MARs on a weekly ba accountability. The Designated nurse will monitor the nurses monthly during the medication. The RN supervisor will conduct quarte monitoring of the medication nurses the accountability and tracking of the medication nurses were inserviced on this pole. The nurses were inserviced on 10-16-0 documentation by the staff of Georget and reinserviced by the agency direct nursing. In the future the agency will ensure the Designated nurses and the DON monithe individuals' medications, and med pass as spelled on the nursing policy, at the nurses document and follow-up of individuals' prescribed treatment.	ndividuals' sis to ensure medication pass. rly o ensure dications. icy. Of on proper own hospita or of lat the tor ication and that	11-13-07
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDI		(X3) DATE S COMPL	
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	ROVIDER OR SUPPLIER WASHINGTON		249 11TH S WASHING	STREET, S		-	
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1 000	INITIAL COMMENT	S		1 000			
	was completed on 9 10/18/2007 after the Correction which all Observation, staff a the GHRMP's pres revealed the provider	nd interview and a resented plans of corre or falled to enact and ourse required to aba	a Plan of eview of ection		Currently the agency has a policy that the designated nurses to monitor the medications and MAR on a weekly bataccountability.	individuals' sis to ensure	
	This Statute is not a Based on observation verification, the GHP continuous, ongoing	nuous, ongoing in-se cheduled for all perso met as evidenced by ons, interview and re MRP failed to ensure i in-service training o	onnel. : cord	1 222	The Designated nurse will monitor the nurses monthly during the medication. The RN supervisor will conduct quart monitoring of the medication nurses accountability and tracking of the medication nurses were inserviced on this part of the nurses were inserviced on 10-16 documentation by the staff of George and reinserviced by the agency direct nurses were inserviced.	on pass. erly to ensure edications. blicy. Of on prope stown hospitator of	11-13-07
	Professional (QMRF coordination of servi ensure the creation	: ified Mental Retarda) failed to manage t ices that were neces	he sary to		nursing. In the future the agency will ensure to Designated nurses and the DON more the individuals' medications, and me pass as spelled on the nursing policy, the nurses document and follow-up individuals' prescribed treatment. Currently the agency has a policy that	hat the nitor dication and that on the	[1-13-07
·	and procedures wer implementation of a monitoring and ensurementation. The GHMRP'S Qual Professional (QMRF) the nursing staff was new policies and proplan of correction propractices that were constitution of the correction of th	e to be created to er n effective nursing s	tion re that on the d in the deficiency		the designated nurses to monitor the medications and MAR on a weekly ba accountability. The Designated nurse will monitor the nurses monthly during the medication. The RN supervisor will conduct quarter monitoring of the medication nurses accountability and tracking of the medication nurses accountability and tracking of the medication on this possible to attachment #1. In the future the facility Qmrp will entitle Designated nurses and the DON the individuals' medications, and medications.	e medication pass. erly to ensure dications. dicy. sure that	

STATE FORM

If continuation sheet 1 of 2

PRINTED: 11/08/2007 FORM APPROVED

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE	R/CLIA MBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE \$	URVEY EYED
	· · · · · · · · · · · · · · · · · · ·	09G177		B. WING			-C 8/2007
	OVIDER OR SUPPLIER WASHINGTON		249 11TH	STREET, S	STATE ZIP CODE SE 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	EUU .	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETE DATE
	Continued From pa at the standard leve W368, W369, W38	nge 1 el in W322, W331, W 1, and W382 respec	/362, tively.	1 222	Refer to W 331 P. 6 Refer to W 362 P.6		1-13-07 1-09-07
1370	3519.1 EMERGEN	CIES		1 370			
, s	procedures which a including fire or gen persons, serious illr This Statute is not Based on observation of the GHMRP and nursing person.	I maintain written politiddress emergency sheral disaster, missing ness or trauma, and omet as evidenced by on, interview and rectalled to ensure that nel followed the agenures on emergencies	ituations, g g death. cord the staff		A medical emergency protocol was re and the protocol is posted in the facilit refer to attachment #2 The staff was retrained on signs and s of illness. Refer to attachment #3 In the future the facility will ensure the follow the appropriate method of notif appropriate medical professionals of t related health problems.	ymptoms at the staff	11-09-07 11-13-07 s'
5	See Federal Deficie W318	ency Report Citation \	W104,		Refer to W 104 P. 2		1-09-07 1-13-07
	·				Refer to W. 318 P.5		
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ith Regulation TE FORM	on Administration		501	, <u> </u>	V2112		on sheet 2 of